

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

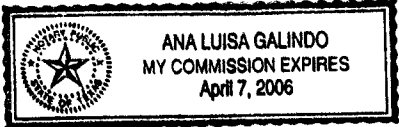
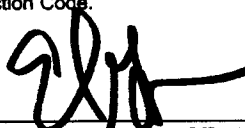
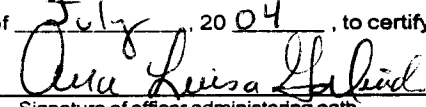
FORM C/OH
COVER SHEET PG 1

2004 JUL 15 PM 3:51

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 77777777		2 Total pages this report: 1/42	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Edward				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Garza				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX. APT / SUITE #; CITY; STATE; ZIP CODE P O Box 28328 San Antonio TX 78228				
	TITLE FIRST MI Mrs. Edith M.				
5 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX McAllister				
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 203 Terrell Rd. San Antonio TX 78209				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 444-2792				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2004 06/30/2004				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	. . Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. . .				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME <u>Edward Garza</u>		16 ACCOUNT # (Ethics Commission files) <u>77777777</u>												
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p><small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS										
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS													
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width: 40%; padding: 5px; text-align: right;">\$ <u>0.00</u></td> </tr> <tr> <td style="padding: 5px;">2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="padding: 5px; text-align: right;">\$ <u>21730.00</u></td> </tr> <tr> <td style="padding: 5px;">3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</td> <td style="padding: 5px; text-align: right;">\$ <u>0.00</u></td> </tr> <tr> <td style="padding: 5px;">4. TOTAL POLITICAL EXPENDITURES</td> <td style="padding: 5px; text-align: right;">\$ <u>46002.74</u></td> </tr> <tr> <td style="padding: 5px;">5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td style="padding: 5px; text-align: right;">\$ <u>8,523.45</u></td> </tr> <tr> <td style="padding: 5px;">6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="padding: 5px; text-align: right;">\$ <u>0.00</u></td> </tr> </table>		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0.00</u>	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>21730.00</u>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0.00</u>	4. TOTAL POLITICAL EXPENDITURES	\$ <u>46002.74</u>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,523.45</u>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>
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19 AFFIDAVIT														
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;">  </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: right; margin-top: 20px;">  _____ Signature of Candidate or Officeholder </div> </div> </div> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Ed Garza</u>, this the <u>15th</u> day of <u>July</u>, 20<u>04</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">  Signature of officer administering oath </div> <div style="width: 30%;"> <u>Ana Luisa Galindo</u> Printed name of officer administering oath </div> <div style="width: 30%;"> <u>Notary Public</u> Title of officer administering oath </div> </div>														

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A 1
CITY OF SAN ANTONIO FORMS C/OH & SPAC
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Total pages this report :
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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 05/26/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen Boone Humphries LLP 6 Contributor address; City; State; Zip Code 3200 Southwest Freeway #2600 Houston TX 77027	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Theresa Allen Contributor address; City; State; Zip Code 2216 Red River Mission TX 78572	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dionel Aviles Contributor address; City; State; Zip Code 2103 Lakeside Bend Ct Houston TX 77077	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/26/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mike Barnard Contributor address; City; State; Zip Code 11807 Sunburst Lane Houston TX 78230	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nancy Berkman Contributor address; City; State; Zip Code 4031 Leesire Drive Houston TX 77025	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 05/27/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Box 6 Contributor address; City; State; Zip Code 16017 Kevindale Ct. Houston TX 77040	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/02/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CDM PAC Contributor address; City; State; Zip Code 1800 W Loop S #1550 Houston TX 77027	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ruben Cardenas Contributor address; City; State; Zip Code 1712 Larkspur McAllen TX 78501	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/07/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) City of San Antonio Contributor address; City; State; Zip Code P O Box 839966 San Antonio TX 78283	Amount of contribution (\$) 160.00	In-kind contribution description (if applicable) Reimbursement - Mayor - 's Business Luncheon
Principal occupation (Optional)		Employer (Optional)	
Date 02/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) City of San Antonio Contributor address; City; State; Zip Code P O Box 839966 San Antonio TX 78283	Amount of contribution (\$) 160.00	In-kind contribution description (if applicable) Reimbursement - Mayor - 's Business Luncheon
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 03/16/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) City of San Antonio 6 Contributor address: City: State; Zip Code P O Box 839966 San Antonio TX 78283	7 Amount of contribution (\$) 160.00	8 In-kind contribution description (if applicable) Reimbursement - Mayor - 's Business Luncheon
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/09/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) City of San Antonio Contributor address: City: State; Zip Code P O Box 839966 San Antonio TX 78283	Amount of contribution (\$) 160.00	In-kind contribution description (if applicable) Reimbursement - Mayor - 's Business Luncheon
Principal occupation (Optional)		Employer (Optional)	
Date 04/28/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) City of San Antonio Contributor address: City: State; Zip Code P O Box 839966 San Antonio TX 78283	Amount of contribution (\$) 160.00	In-kind contribution description (if applicable) Reimbursement - Mayor - 's Business Luncheon
Principal occupation (Optional)		Employer (Optional)	
Date 06/08/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) City of San Antonio Contributor address: City: State; Zip Code P O Box 839966 San Antonio TX 78283	Amount of contribution (\$) 160.00	In-kind contribution description (if applicable) Reimbursement - Mayor - 's Business Luncheon
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Consulting Engineers Council of Texas PAC Contributor address: City: State; Zip Code 400 W 15 #820 Austin TX 78701	Amount of contribution (\$) 280.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 05/27/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Samuel Eaton 6 Contributor address; City; State; Zip Code 7858 Michelene Cir Houston TX 77071	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/25/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Edmonds Contributor address; City; State; Zip Code 55 Waugh Drive #1120 Houston TX 77007	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/08/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aguistin Espinoza Contributor address; City; State; Zip Code 5422 Ergill San Antonio TX 78207	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steven Flores Contributor address; City; State; Zip Code 4254 Tasselwood Lane Houston TX 77014	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/14/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charles Fresquez Contributor address; City; State; Zip Code 1420 Bonito Suenos Albuquerque NM 87107	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 03/24/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eloy Garcia 6 Contributor address; City; State; Zip Code P O Box 336 Rio Grande City TX 78582	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/28/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ramon Garcia Contributor address; City; State; Zip Code 222 W University Drive Edinburg TX 78539	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/25/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) C. M. Garver Contributor address; City; State; Zip Code 5402 Lawndale Houston TX 77023	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rogelio Garza Contributor address; City; State; Zip Code 424 Yucca McAllen TX 78504	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brian Godinez Contributor address; City; State; Zip Code 5403 N 5th Street McAllen TX 78504	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME

Edward Garza

3 ACCOUNT # (Ethics Commission filers)

77777777

4 Date

06/01/2004

5 Full name of contributor ☐ out-of-state PAC(ID# _____)

Hugo Gutierrez

6 Contributor address; City; State; Zip Code

5555 San Felipe

Houston TX 77056

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/24/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)

Ricardo Hinojosa

Contributor address; City; State; Zip Code

307 E 27th Street

Mission TX 78572

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/01/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)

Robert Holloway

Contributor address; City; State; Zip Code

12518 Overcup

Houston TX 77024

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/27/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)

Wendell Holmes III

Contributor address; City; State; Zip Code

26334 Mc Donald Rd.

Houston TX 77380

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/28/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)

Martha Jarvis

Contributor address; City; State; Zip Code

10217 N 12th Street

McAllen TX 78504

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 06/01/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Landry's Restaurants,PAC 6 Contributor address; City; State; Zip Code 1510 W Loop South Houston TX 77027	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/10/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bernard Lifshutz Contributor address; City; State; Zip Code 215 W Travis Street San Antonio TX 78205	Amount of contribution (\$) 990.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/21/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke Lidell & Sapp LLP Contributor address; City; State; Zip Code 600 Travis Street #3400 Houston TX 77004	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mario Gallegos Campaign Contributor address; City; State; Zip Code P O Box 151 Galena Park TX 77547	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michael Mc Carthy Contributor address; City; State; Zip Code Edinburg TX 78540	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 06/08/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Larry Milberger 6 Contributor address; City; State; Zip Code 14618 Claycroft Ct Cypress TX 77429	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ramon Montalvo III Contributor address; City; State; Zip Code P O Box 2 Weslaco TX 78592	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Saul Ortega Contributor address; City; State; Zip Code 1220 Castille Edinburg TX 78539	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/25/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J. E. Pate Jr. Contributor address; City; State; Zip Code 186 Old Bridge Lake Lane San Antonio TX 77069	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ricardo R. Godinez Law Office Contributor address; City; State; Zip Code 520 Pecan #G McAllen TX 78501	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 03/24/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Rogers Jr. 6 Contributor address; City; State; Zip Code P O Box 1077 Edinburg TX 78540	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joel Scott Contributor address; City; State; Zip Code 8 Pine Forest Circle Houston TX 77056	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Orlando Teran Contributor address; City; State; Zip Code 2 Heritage Ct Houston TX 77024	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/01/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner Collie & Braden PAC Contributor address; City; State; Zip Code P O Box 130089 Houston TX 77219	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/28/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code 2300 First City Tower Houston TX 77002	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED SCHEDULE A 1
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2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 05/29/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Walden 6 Contributor address; City; State; Zip Code 5215 Birdwood Rd Houston TX 77096	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	

POLITICAL EXPENDITURES

RECEIVED SCHEDULE F
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2004

JUL 15 P 3:52
Total pages reported: 3/42

2 FILER NAME Edward Garza		3 ACCOUNT # (Ethics Commission filers) 77777777	
4 Date 05/25/2004	5 Payee name AFL-CIO		7 Amount (\$) 135.00
6 Payee address; City; State; Zip Code 311 S. St. Mary's San Antonio TX 78205			
8 Purpose of expenditure (See instructions regarding type of information required.) Directory Advertisement		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/02/2004	Payee name Absolutely Catering		Amount (\$) 250.00
Payee address; City; State; Zip Code 3915 San Pedro San Antonio TX 78212			
Purpose of expenditure (See instructions regarding type of information required.) Reception Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/21/2004	Payee name Alamo Travel Group		Amount (\$) 211.70
Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240			
Purpose of expenditure (See instructions regarding type of information required.) Travel		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 02/26/2004	Payee name Alamo Travel Group		Amount (\$) 867.03
Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240			
Purpose of expenditure (See instructions regarding type of information required.) Travel		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 15 P 3-52

Total pages report:
14/42

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
04/12/2004

5 Payee name
Alamo Travel Group

7 Amount
(\$)
332.05

6 Payee address; City; State; Zip Code
9000 Wurzbach Rd
San Antonio TX 78240

8 Purpose of expenditure (See instructions regarding type of information required.)
Travel

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
04/21/2004

Payee name
Alamo Travel Group

Amount
(\$)
1106.20

Payee address; City; State; Zip Code
9000 Wurzbach Rd
San Antonio TX 78240

Purpose of expenditure (See instructions regarding type of information required.)
Travel

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
05/17/2004

Payee name
Alamo Travel Group

Amount
(\$)
869.60

Payee address; City; State; Zip Code
9000 Wurzbach Rd
San Antonio TX 78240

Purpose of expenditure (See instructions regarding type of information required.)
Travel

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
05/24/2004

Payee name
Alamo Travel Group

Amount
(\$)
181.20

Payee address; City; State; Zip Code
9000 Wurzbach Rd
San Antonio TX 78240

Purpose of expenditure (See instructions regarding type of information required.)
Travel

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

RECEIVED
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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 15 P 13:52
Total pages report:
15/42

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
06/07/2004

5 Payee name
Alamo Travel Group

7 Amount
(\$)
1839.50

6 Payee address; City; State; Zip Code
9000 Wurzbach Rd
San Antonio TX 78240

8 Purpose of expenditure (See instructions regarding type of information required.)
Travel

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
06/16/2004

Payee name
Alamo Travel Group

Amount
(\$)
1590.90

Payee address; City; State; Zip Code
9000 Wurzbach Rd
San Antonio TX 78240

Purpose of expenditure (See instructions regarding type of information required.)
Travel

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
04/06/2004

Payee name
Alamodome

Amount
(\$)
780.00

Payee address; City; State; Zip Code
100 Montana
San Antonio TX 78203

Purpose of expenditure (See instructions regarding type of information required.)
Tickets

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
04/12/2004

Payee name
American Cancer Society

Amount
(\$)
200.00

Payee address; City; State; Zip Code
2614 W Commerce #400
San Antonio TX 78207

Purpose of expenditure (See instructions regarding type of information required.)
Charity Sponsorship

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
16/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
02/26/2004**5** Payee name
Aramark**7** Amount
(\$)
1523.39**6** Payee address; City; State; Zip Code
100 Montana
San Antonio TX 78203**8** Purpose of expenditure (See instructions regarding type of information required.)
Fundraising Expense**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldRECEIVED
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2004 JUL 15 P 3:54Date
03/01/2004Payee name
BBQ PatioAmount
(\$)
160.00Payee address; City; State; Zip Code
8791 Old Persall Road
San Antonio TX 78252Purpose of expenditure (See instructions regarding type of information required.)
Business - DiningComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/24/2004Payee name
BFI Waste ServicesAmount
(\$)
200.00Payee address; City; State; Zip Code
P O Box 207910
San Antonio TX 78240Purpose of expenditure (See instructions regarding type of information required.)
Waste RemovalComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/17/2004Payee name
Biltmore HotelAmount
(\$)
125.46Payee address; City; State; Zip Code
Los Angeles CAPurpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
17/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
02/18/2004**5** Payee name
James Broome**7** Amount
(\$)
196.55**6** Payee address; City; State; Zip Code
950 E Bitters
San Antonio TX 78216**8** Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - Children's Gala**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldRECEIVED
CITY OF SAN ANTONIO
CITY CLERK
JUL 15 P 3:54
2004Date
02/24/2004Payee name
James BroomeAmount
(\$)
168.43Payee address; City; State; Zip Code
950 E Bitters
San Antonio TX 78216Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - Children's GalaComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/06/2004Payee name
C. P. S.Amount
(\$)
252.98Payee address; City; State; Zip Code
P O Box 2678
San Antonio TX 78289Purpose of expenditure (See instructions regarding type of information required.)
UtilitiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/26/2004Payee name
C. P. S.Amount
(\$)
6.08Payee address; City; State; Zip Code
P O Box 2678
San Antonio TX 78289Purpose of expenditure (See instructions regarding type of information required.)
UtilitiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
18/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
03/18/2004**5** Payee name
C. P. S.**7** Amount
(\$)
12.16**6** Payee address; City; State; Zip Code
P O Box 2678
San Antonio TX 78289**8** Purpose of expenditure (See instructions regarding type of information required.)
Utilities**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldRECEIVED
CITY OF SAN ANTONIO
2004 JUN 15 PM 3:54Date
04/08/2004Payee name
C. P. S.Amount
(\$)
12.16Payee address; City; State; Zip Code
P O Box 2678
San Antonio TX 78289Purpose of expenditure (See instructions regarding type of information required.)
UtilitiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/29/2004Payee name
C. P. S.Amount
(\$)
35.91Payee address; City; State; Zip Code
P O Box 2678
San Antonio TX 78289Purpose of expenditure (See instructions regarding type of information required.)
UtilitiesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/06/2004Payee name
Cavender PropertiesAmount
(\$)
1500.00Payee address; City; State; Zip Code
215 W Travis
San Antonio TX 78205Purpose of expenditure (See instructions regarding type of information required.)
Rent - January 2004Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
19/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
01/06/2004**5** Payee name
Cavender Properties**7** Amount
(\$)
1500.00**6** Payee address; City; State; Zip Code
215 W Travis
San Antonio TX 78205**8** Purpose of expenditure (See instructions regarding type of information required.)
Rent - December 2003**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/04/2004Payee name
Cavender PropertiesAmount
(\$)
1500.00Payee address; City; State; Zip Code
215 W Travis
San Antonio TX 78205Purpose of expenditure (See instructions regarding type of information required.)
RentComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/29/2004Payee name
CingularAmount
(\$)
15.06Payee address; City; State; Zip Code
P O Box 659564
Dallas TX 75265Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/06/2004Payee name
Cingular WirelessAmount
(\$)
982.00Payee address; City; State; Zip Code
P O Box 650574
Dallas TX 78265Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
20/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777

4 Date 01/21/2004	5 Payee name Cingular Wireless	7 Amount (\$) 170.00
	6 Payee address; City; State; Zip Code P O Box 4460 Houston TX 77097	

8 Purpose of expenditure (See instructions regarding type of information required.)
Telephone**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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2004 JUL 13
3:54 PM

Date 02/26/2004	Payee name Cingular Wireless	Amount (\$) 295.00
	Payee address; City; State; Zip Code P O Box 650574 Dallas TX 78265	

Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 04/09/2004	Payee name Cingular Wireless	Amount (\$) 446.99
	Payee address; City; State; Zip Code P O Box 650574 Dallas TX 78265	

Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date 04/14/2004	Payee name Cingular Wireless	Amount (\$) 690.00
	Payee address; City; State; Zip Code P O Box 650574 Dallas TX 78265	

Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
21/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
05/03/2004**5** Payee name
Cingular Wireless**7** Amount
(\$)
685.94**6** Payee address; City; State; Zip Code
P O Box 4460
Houston TX 77097**8** Purpose of expenditure (See instructions regarding type of information required.)
Telephone**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/29/2004

Payee name
Cingular Wireless

Amount

(\$)
685.94Payee address; City; State; Zip Code
P O Box 650574
Dallas TX 78265Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/29/2004

Payee name
Bob CriderAmount
(\$)
1000.00Payee address; City; State; Zip Code
1500 Fredricksburg
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
RentComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

02/05/2004

Payee name
Delta AirlinesAmount
(\$)
20.00Payee address; City; State; Zip Code
Atlanta GA 30320Purpose of expenditure (See instructions regarding type of information required.)
Travel Expense - Ticket ChangeComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
22/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
04/08/2004**5** Payee name
Deprez Travel**7** Amount
(\$)
220.00**6** Payee address; City; State; Zip Code
145 Rue De Ville
Rochester NY 14618**8** Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/06/2004

Payee name

El Chaparral

Amount

300.00

Payee address; City; State; Zip Code

15103 Bandara

Helotes TX 78023

Purpose of expenditure (See instructions regarding type of information required.)
Business - DiningComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/13/2004

Payee name

David Espinoza

Amount
(\$)
125.31

Payee address; City; State; Zip Code

P O Box 839966

San Antonio TX 78283

Purpose of expenditure (See instructions regarding type of information required.)
ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/09/2004

Payee name

Express Signs

Amount
(\$)
72.49

Payee address; City; State; Zip Code

5601 Bandera

San Antonio TX 78238

Purpose of expenditure (See instructions regarding type of information required.)
Sign Printing & ReproductionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
23/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
01/06/2004**5** Payee name
Ed Garza**7** Amount
(\$)
362.44**6** Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283**8** Purpose of expenditure (See instructions regarding type of information required.)
Travel Reimbursement - Hotel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldRECEIVED
CITY OF SAN ANTONIO
JUL 21 3:54 PM '04

Date

02/26/2004

Payee name
Ed GarzaAmount
(\$)Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283

242.89

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/28/2004

Payee name
Ed GarzaAmount
(\$)
1443.19Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/28/2004

Payee name
Ed GarzaAmount
(\$)
825.07Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
Travel ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
24/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
06/29/2004**5** Payee name

Ed Garza

7 Amount
(\$)
234.24**6** Payee address; City; State; Zip Code

P O Box 839966

San Antonio TX 78283

8 Purpose of expenditure (See instructions regarding type of information required.)
Travel Reimbursement**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

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CIT 0158K
2004 JUL 3:54

Date

01/30/2004

Payee name

Greater Chamber of Commerce

Amount
(\$)
600.00

Payee address; City; State; Zip Code

602 E Commerce

San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)
Dining - State of the City AddressComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

02/26/2004

Payee name

Melissa Havrda

Amount
(\$)
48.33

Payee address; City; State; Zip Code

9055 Foxgrove Way

San Antonio TX 78251

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - Children's GalaComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/22/2004

Payee name

Holy Family Sr Citizens Special Events

Amount
(\$)
100.00

Payee address; City; State; Zip Code

511 Bangor

San Antonio TX 78228

Purpose of expenditure (See instructions regarding type of information required.)
Senior Citizen Program SupportComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
25/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
05/22/2004**5** Payee name
Hyatt Regency Hotel**7** Amount
(\$)
240.60**6** Payee address; City; State; Zip Code

Kansas City KS 64108

8 Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/22/2004

Payee name
Hyatt Regency HotelAmount
(\$)
178.08

Payee address; City; State; Zip Code

~~CALGARY CANADA~~
~~Kansas City KS 64108~~Purpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/25/2004

Payee name
Hyatt Regency HotelAmount
(\$)
182.05

Payee address; City; State; Zip Code

~~WASHINGTON DC~~
~~Kansas City KS 64108~~Purpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/18/2004

Payee name
Inn at the Ball ParkAmount
(\$)
80.73

Payee address; City; State; Zip Code

Houston TX

Purpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldRECEIVED
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POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
26/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
7777777**4** Date
04/08/2004**5** Payee name
La Posada Hotel**7** Amount
(\$)
160.00**6** Payee address; City; State; Zip Code
1000 Zaragoza Street
Laredo TX 78040**8** Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/23/2004Payee name
Las Vegas HiltonAmount
(\$)
213.82Payee address; City; State; Zip Code
Las Vegas NVPurpose of expenditure (See instructions regarding type of information required.)
TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/06/2004Payee name
Little ItalyAmount
(\$)
160.00Payee address; City; State; Zip Code
824 Afterglow
San Antonio TX 78216Purpose of expenditure (See instructions regarding type of information required.)
Business LuncheonComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/19/2004Payee name
Little ItalyAmount
(\$)
160.00Payee address; City; State; Zip Code
824 Afterglow
San Antonio TX 78216Purpose of expenditure (See instructions regarding type of information required.)
Business LuncheonComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
27/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
04/14/2004**5** Payee name
Marriott**7** Amount
(\$)
160.00**6** Payee address; City; State; Zip Code
215 E Main Street
Norfolk VA 23510**8** Purpose of expenditure (See instructions regarding type of information required.)
Business Luncheon**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
03/10/2004**Payee name**
Mayflower Hotel**Amount**
(\$)
690.75**Payee address; City; State; Zip Code**
1127 Connecticut Avenue NW
Washington DC 20036**Purpose of expenditure (See instructions regarding type of information required.)**
Travel**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
01/21/2004**Payee name**
Gayle Mc Daniel**Amount**
(\$)
279.08**Payee address; City; State; Zip Code**
P O Box 839966
San Antonio TX 78283**Purpose of expenditure (See instructions regarding type of information required.)**
Reimbursement- National League of Cities Conference**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
05/05/2004**Payee name**
Francisco Mejia**Amount**
(\$)
150.00**Payee address; City; State; Zip Code**
252 S Plaza
San Antonio TX 78227**Purpose of expenditure (See instructions regarding type of information required.)**
Registration Fee**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
28/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
01/06/2004**5** Payee name
Mindtruss**7** Amount
(\$)
146.00**6** Payee address; City; State; Zip Code
7701 Broadway #208
San Antonio TX 78209**8** Purpose of expenditure (See instructions regarding type of information required.)
Computer Services**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/25/2004

Payee name

Rafael Montelongo

Amount
(\$)
100.00Payee address; City; State; Zip Code
6703 Pleasant Oak
San Antonio TX 78227Purpose of expenditure (See instructions regarding type of information required.)
Sponsor Student Leadership ForumComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/06/2004

Payee name

Eva Neubert

Amount
(\$)
1000.00Payee address; City; State; Zip Code
1223 Avenue B
San Antonio TX 78215Purpose of expenditure (See instructions regarding type of information required.)
SalaryComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/14/2004

Payee name

Eva Neubert

Amount
(\$)
31.42Payee address; City; State; Zip Code
1223 Avenue B
San Antonio TX 78215Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement Office ExpensesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
29/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
02/04/2004**5** Payee name
Eva Neubert**7** Amount
(\$)
1000.00**6** Payee address; City; State; Zip Code
1223 Avenue B
San Antonio TX 78215**8** Purpose of expenditure (See instructions regarding type of information required.)
Salary**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
02/04/2004**Payee name**
Eva Neubert**Amount**
(\$)
460.00**Payee address; City; State; Zip Code**
1223 Avenue B
San Antonio TX 78215**Purpose of expenditure (See instructions regarding type of information required.)**
Reimbursement - Stamps for Children's Gala**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
02/24/2004**Payee name**
Eva Neubert**Amount**
(\$)
1000.00**Payee address; City; State; Zip Code**
1223 Avenue B
San Antonio TX 78215**Purpose of expenditure (See instructions regarding type of information required.)**
Salary**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
02/24/2004**Payee name**
Eva Neubert**Amount**
(\$)
169.72**Payee address; City; State; Zip Code**
1223 Avenue B
San Antonio TX 78215**Purpose of expenditure (See instructions regarding type of information required.)**
Reimbursement - Office expenses**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
30/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
04/08/2004**5** Payee name
Eva Neubert**7** Amount
(\$)
110.61**6** Payee address; City; State; Zip Code
1223 Avenue B
San Antonio TX 78215**8** Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - Office Expenses**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/28/2004Payee name
Eva NeubertAmount
(\$)
109.96Payee address; City; State; Zip Code
1223 Avenue B
San Antonio TX 78215Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - Office ExpensesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/10/2004Payee name
Eva NeubertAmount
(\$)
17.63Payee address; City; State; Zip Code
1223 Avenue B
San Antonio TX 78215Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement - Office ExpensesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/17/2004Payee name
Eva NeubertAmount
(\$)
1000.00Payee address; City; State; Zip Code
1223 Avenue B
San Antonio TX 78215Purpose of expenditure (See instructions regarding type of information required.)
SalaryComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
31/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
05/06/2004**5** Payee name

Omni Hotel

7 Amount
(\$)
174.40**6** Payee address; City; State; Zip Code

1590 LBJ Freeway

Dallas TX 75234

8 Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/21/2004

Payee name

Ortiz Funeral Home

Amount
(\$)
150.00

Payee address; City; State; Zip Code

3114 Culebra

San Antonio TX 78228

Purpose of expenditure (See instructions regarding type of information required.)
Hinojosa Funeral SupportComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/14/2004

Payee name

Overstreet Studios

Amount
(\$)
756.50

Payee address; City; State; Zip Code

8126 Broadway

San Antonio TX 78209

Purpose of expenditure (See instructions regarding type of information required.)
PhotographsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/14/2004

Payee name

Plaza Club

Amount
(\$)
90.89

Payee address; City; State; Zip Code

2100 Frost Bank Tower

San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)
Membership Fees - Business DiningComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
32/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
02/04/2004**5** Payee name
Plaza Club**7** Amount
(\$)
90.89**6** Payee address; City; State; Zip Code
2100 Frost Bank Tower
San Antonio TX 78205**8** Purpose of expenditure (See instructions regarding type of information required.)
Membership Fees - Business Dining**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
03/18/2004**Payee name**
Plaza Club**Amount**
(\$)
136.08**Payee address; City; State; Zip Code**
2100 Frost Bank Tower
San Antonio TX 78205**Purpose of expenditure (See instructions regarding type of information required.)**
Membership Fees - Dining**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
04/08/2004**Payee name**
Plaza Club**Amount**
(\$)
142.80**Payee address; City; State; Zip Code**
2100 Frost Bank Tower
San Antonio TX 78205**Purpose of expenditure (See instructions regarding type of information required.)**
Membership Fees - Dining**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
05/10/2004**Payee name**
Plaza Club**Amount**
(\$)
90.89**Payee address; City; State; Zip Code**
2100 Frost Bank Tower
San Antonio TX 78205**Purpose of expenditure (See instructions regarding type of information required.)**
Membership Fees - Dining**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
33/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
06/07/2004**5** Payee name

Plaza Club

7 Amount
(\$)
90.89**6** Payee address; City; State; Zip Code

2100 Frost Bank Tower

San Antonio TX 78205

8 Purpose of expenditure (See instructions regarding type of information required.)
Membership Fees/Business Dining**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

02/26/2004

Payee name

Blake Pool

Amount
(\$)
20.00

Payee address; City; State; Zip Code

P OBox 839966

San Antonio TX 78283

Purpose of expenditure (See instructions regarding type of information required.)
ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

01/21/2004

Payee name

Leilah Powell

Amount
(\$)
14.94

Payee address; City; State; Zip Code

P O Box 839966

San Antonio TX 78283

Purpose of expenditure (See instructions regarding type of information required.)
ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

03/16/2004

Payee name

R K Group

Amount
(\$)
160.00

Payee address; City; State; Zip Code

P O Box 1361

San Antonio TX 78295

Purpose of expenditure (See instructions regarding type of information required.)
Business LuncheonComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
34/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
04/12/2004**5** Payee name
Rotary Club**7** Amount
(\$)
100.00**6** Payee address; City; State; Zip Code
710 McCullough
San Antonio TX 78215**8** Purpose of expenditure (See instructions regarding type of information required.)
Leadership Award Support**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
05/10/2004**Payee name**
S A Alliance Teachers & Support Personnel
Payee address; City; State; Zip Code
120 Adams
San Antonio TX 78210**Amount**
(\$)
100.00**Purpose of expenditure** (See instructions regarding type of information required.)
Program Support**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
01/06/2004**Payee name**
SBC
Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097**Amount**
(\$)
190.58**Purpose of expenditure** (See instructions regarding type of information required.)
Telephone/Fax**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
02/04/2004**Payee name**
SBC
Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097**Amount**
(\$)
198.48**Purpose of expenditure** (See instructions regarding type of information required.)
Telephone**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
35/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
7777777**4** Date
02/26/2004**5** Payee name
SBC**7** Amount
(\$)
49.88**6** Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097**8** Purpose of expenditure (See instructions regarding type of information required.)
Telephone**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/18/2004Payee name
SBCAmount
(\$)
145.92Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/24/2004Payee name
SBCAmount
(\$)
149.83Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
06/24/2004Payee name
SBCAmount
(\$)
97.44Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
36/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
05/25/2004**5** Payee name
San Antonio AFL-CIO**7** Amount
(\$)
135.00**6** Payee address; City; State; Zip Code
311 S St Mary's Street #15E
San Antonio TX 78205**8** Purpose of expenditure (See instructions regarding type of information required.)
Directory Advertisement**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
05/24/2004**Payee name**
San Antonio Alliance of Teachers**Amount**
(\$)
150.00**Payee address; City; State; Zip Code**
120 Adams
San Antonio TX 78210**Purpose of expenditure (See instructions regarding type of information required.)**
Event Support**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
06/22/2004**Payee name**
San Antonio Branch NAACP**Amount**
(\$)
160.00**Payee address; City; State; Zip Code**
P O Box 200225
San Antonio TX 78220**Purpose of expenditure (See instructions regarding type of information required.)**
Freedom Fund Dinner Advertisement & Attendance**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
04/12/2004**Payee name**
San Antonio Observer**Amount**
(\$)
500.00**Payee address; City; State; Zip Code**
P O Box 200226
San Antonio TX 78220**Purpose of expenditure (See instructions regarding type of information required.)**
Advertising**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
37/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
01/12/2004**5** Payee name
San Antonio Soccer Association**7** Amount
(\$)
1200.00**6** Payee address; City; State; Zip Code
P O Box 12105
San Antonio TX 78212**8** Purpose of expenditure (See instructions regarding type of information required.)
Registration Fee**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/24/2004Payee name
Scenic San AntonioAmount
(\$)
30.00Payee address; City; State; Zip Code
P O Box 120232
San Antonio TX 78212Purpose of expenditure (See instructions regarding type of information required.)
Membership FeeComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/06/2004Payee name
Security OneAmount
(\$)
53.94Payee address; City; State; Zip Code
P O Box 23280
San Antonio TX 78223Purpose of expenditure (See instructions regarding type of information required.)
SecurityComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/18/2004Payee name
Security OneAmount
(\$)
26.97Payee address; City; State; Zip Code
P O Box 23280
San Antonio TX 78223Purpose of expenditure (See instructions regarding type of information required.)
SecurityComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
38/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
7777777**4** Date
06/22/2004**5** Payee name
Sheriton Gateway Hotel**7** Amount
(\$)
663.00**6** Payee address; City; State; Zip Code
6101 W Century Blvd
Los Angeles CA 90045**8** Purpose of expenditure (See instructions regarding type of information required.)
Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/14/2004Payee name
St. Leonards Catholic ChurchAmount
(\$)
100.00Payee address; City; State; Zip Code
8510 S. Zarzamora
San Antonio TX 78224Purpose of expenditure (See instructions regarding type of information required.)
Charity - Building FundComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/25/2004Payee name
St. Paul Catholic ChurchAmount
(\$)
100.00Payee address; City; State; Zip Code
350 Sutton Drive
San Antonio TX 78228Purpose of expenditure (See instructions regarding type of information required.)
Support Golden Jubilee GalaComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/06/2004Payee name
Suchy's FlowersAmount
(\$)
1913.71Payee address; City; State; Zip Code
955 Cincinnati Avenue
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
39/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
02/10/2004**5** Payee name
Suchy's Flowers**7** Amount
(\$)
212.51**6** Payee address; City; State; Zip Code
955 Cincinnati Avenue
San Antonio TX 78201**8** Purpose of expenditure (See instructions regarding type of information required.)
Flowers**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
02/26/2004Payee name
Suchy's FlowersAmount
(\$)
525.00Payee address; City; State; Zip Code
955 Cincinnati Avenue
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/08/2004Payee name
Suchy's FlowersAmount
(\$)
912.09Payee address; City; State; Zip Code
955 Cincinnati Avenue
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/10/2004Payee name
Suchy's FlowersAmount
(\$)
468.70Payee address; City; State; Zip Code
955 Cincinnati Avenue
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
40/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777

4 Date 06/16/2004	5 Payee name Suchy's Flowers	7 Amount (\$) 228.69
	6 Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201	

8 Purpose of expenditure (See instructions regarding type of information required.) Flowers	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/08/2004	Payee name TX. Assoc. Chicanos in Higher Ed.	Amount (\$) 100.00
	Payee address; City; State; Zip Code P O Box 830062 San Antonio TX 78283	

Purpose of expenditure (See instructions regarding type of information required.) Scholarship Support	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/25/2004	Payee name The Texas Connection	Amount (\$) 25.00
	Payee address; City; State; Zip Code P O Box 690696 San Antonio TX 78269	

Purpose of expenditure (See instructions regarding type of information required.) Membership Fee	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 01/06/2004	Payee name Time Warner Cable	Amount (\$) 166.78
	Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265	

Purpose of expenditure (See instructions regarding type of information required.) Cable	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
41/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
02/04/2004**5** Payee name
Time Warner Cable**7** Amount
(\$)
166.78**6** Payee address; City; State; Zip Code
P O Box 650734
Dallas TX 75265**8** Purpose of expenditure (See instructions regarding type of information required.)
Cable**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

02/26/2004

Payee name
Time Warner CableAmount
(\$)
166.78Payee address; City; State; Zip Code
P O Box 650734
Dallas TX 75265Purpose of expenditure (See instructions regarding type of information required.)
CableComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

06/11/2004

Payee name
Traffic Sports USAAmount
(\$)
250.00Payee address; City; State; Zip Code
1403 S. Callaghan Rd.
San Antonio TX 78227Purpose of expenditure (See instructions regarding type of information required.)
Registration - Copita TeamComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/12/2004

Payee name
U S Military Vet Parade AssociationAmount
(\$)
10.00Payee address; City; State; Zip Code
107 Sutton Drive
San Antonio TX 78228Purpose of expenditure (See instructions regarding type of information required.)
Fiesta Parade FeeComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
42/42**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
02/02/2004**5** Payee name
U S Postal Service**7** Amount
(\$)
740.00**6** Payee address; City; State; Zip Code
Alamo Heights
San Antonio TX 78209**8** Purpose of expenditure (See instructions regarding type of information required.)
Postage**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/06/2004Payee name
Teresa Vasquez-RomeroAmount
(\$)
122.94Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
ReimbursementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
01/21/2004Payee name
Young Democrats of AmericaAmount
(\$)
250.00Payee address; City; State; Zip Code
P O Box 77496
Washington TX 10013Purpose of expenditure (See instructions regarding type of information required.)
San Antonio Conference SupportComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held